

# **South Dakota Division of Insurance**

## **INSTRUCTIONS FOR COMPLETING "STATEMENT OF DEPOSITS**

### **COMPLETION OF FORM**

1. Complete form on basis of actual deposits as of December 31st and mail with Annual Statement.
2. If the December 31st deposits are equal to or in excess of the required deposits than only one copy of this form needs to be completed.
3. If the December 31st deposits are not sufficient you are allowed until April 1st of the following year to bring them up to the required amount per (SDCL 58-7-4).
4. If additional deposits are required, complete another form after making deposit. Use December 31st reserves in computing required reserves and deposit quantities as of the date of the new Computation is being made. Include the computation date of each set of forms (i.e. year-end and subsequent) and mail both copies of forms to the South Dakota Division of Insurance.

If any additional deposit made, per Item 3 above, did not have a December 31st value; use market value at date of acquisition.

**SOUTH DAKOTA DIVISION OF INSURANCE  
STATEMENT OF DEPOSITS**

NAIC # \_\_\_\_\_

FEIN # \_\_\_\_\_

Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

deposes and says pursuant to the provisions of SDCL 58-7-1, it is required to have on deposit with the Division of Insurance of the State of South Dakota as of December 31, \_\_\_\_\_:

Life Company:

- |    |  |          |
|----|--|----------|
| 1. | Aggregate reserve for life, annuity and supplementary contracts involving life Contingencies | \$ _____ |
| 2. | Aggregate reserve accident and health policies   | \$ _____ |
| 3. | Reserve for supplementary contracts not involving life contingencies                         | \$ _____ |
| 4. | <b>Add line 1, 2, and 3</b>  | \$ _____ |
| 5. | Policy Loans and Liens   | \$ _____ |
| 6. | Net deferred and uncollected premiums  | \$ _____ |
| 7. | <b>Add lines 5 &amp; 6</b>   | \$ _____ |
| 8. | <b>Subtract line 7 from 4</b>  | \$ _____ |

Property / Casualty

9. Unearned premiums (includes accident and health business) \_\_\_\_\_ X 50% \$ \_\_\_\_\_

Life and Property / Casualty

- |      |  |          |
|------|--|----------|
| 10.  | Deposits required under retaliatory laws ( Attach list of state statutory citation and itemized amounts) | \$ _____ |
| 11.  | Total Deposit Required. (not less than \$200,000 per SDCL 58-6-33)                                       |          |
| 11a. | Life ( <b>add lines 8 &amp; 10</b> )   | \$ _____ |
| 11b. | Property/Casualty ( <b>add lines 9 &amp; 10</b> )  | \$ _____ |

The assets on deposit as of December 31, \_\_\_\_\_, to meet the required deposit, consist of the following:

- |     |  |          |
|-----|--|----------|
| 12. | Bonds (valued at amortized values) (par value \$ _____)  | \$ _____ |
| 13. | Stocks (at market value)   | \$ _____ |
| 14. | Certificates of Deposit  | \$ _____ |
| 15. | Savings and Loan Shares  | \$ _____ |
| 16. | Mortgage Loans (outstanding principal balances)  | \$ _____ |
| 17. | Collateral Loans (not to exceed 75% of market value)   | \$ _____ |
| 18. | Real Property (valued per SDCL 58-26-5, 7, 8)  | \$ _____ |
| 19. | Other (describe and show valuation method). If credit for deposits in other states is claimed, include total on this line and attach schedule showing breakdown by type. | \$ _____ |

**TOTAL** \$ \_\_\_\_\_

I hereby certify that the above statement is a full and true statement of the deposit requirements of said Company to the best of my information, knowledge, and belief.

\_\_\_\_\_  
(Name) (PLEASE PRINT)

\_\_\_\_\_  
(Name) (SIGNATURE)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)